24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 3 FOR SE OF FORM 24/48				
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼				
CREDO SUPERPAC	C C00507517				
Check If 24-hour report 48-hour report New report Amends report filed on					
Full Name (Last, First, Middle Initial) of Payee Credo Mobile Dat	te				
Mailing Address 101 Market Street	10 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
American Street	nount				
Suite 700 City State Zip Code	NO.				
San Francisco CA 94105	1814.56 nsaction ID : SE.11826				
Purpose of Expenditure Phones Category/ Type Office So	ought: House State: FL				
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: 18				
ALLEN B MR. WEST Check Or	ne: Support X Oppose				
Calendar Year-To-Date Per Election for Office Sought Disburser 2012	ment For: Primary General Other (specify)				
Full Name (Last, First, Middle Initial) of Payee FedEx	M = M / D = D / Y = Y = Y				
Mailing Address 400 Howard Street	10 24 2012				
Am	nount				
City State Zip Code San Francisco CA 94105	39.43				
Purpose of Expenditure Printring Category/ Type Office So	ought: House State: FL Senate District: 18				
Name of Federal Candidate Supported or Opposed by Expenditure: ALLEN B MR. WEST Check On	ne: Support Oppose				
Calendar Year-To-Date Per Election for Office Sought Disburser 2012	ment For: Primary General Other (specify)				
(a) SUBTOTAL of Itemized Independent Expenditures	1853.99				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Becky Bond [Electronically Filed] Date 10	/ D D / Y Y Y Y Y Y Z Y Z 2012				
Signature					

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)				PAGE 2 FOR SE OF	OF 3 FORM 24/48
NAME OF COMMITTE (In Full)			FE	C IDENTIFICATI	ON NUMBER ▼
CREDO SUPERPAC				C00507517	
Check If 24-hour report 48-hou	ur report New	report Amends repo	ort filed on	M / D D /	Y = Y = Y = Y
Full Name (Last, First, Middle Initial) of	of Payee				
Hlinko Communications	·		Date 10		2012
Mailing Address 247 West 87th Street				النبا ال	2012
#9A			Amount		
City	State	Zip Code			2500.00
New York	NY	10024	Transaction	on ID : SE.11825	
Purpose of Expenditure Web Advertising		Category/ Type	Office Sought:	House Senate	State: FL District: 18
Name of Federal Candidate Supported	d or Opposed by Expendi	iture:	-	President	
ALLEN B MR. WEST			Check One:	Support	X Oppose
Calendar Year-To-Date Per Elect for Office Sou		42484.72	Disbursement F 2012 Other	For: Primary (specify)	General
Full Name (Last, First, Middle Initial) of Patricia Metro-Patrick	of Payee		Date		Y Y Y Y
Mailing Address 9620 171 St N			10	24	2012
3325 13 1 3111			Amount		
City	State	Zip Code			853.36
Jupiter	FL	33478	Transaction	on ID : SE.11823	033.30
Purpose of Expenditure		Category/	Office Sought:	House	State: FL
Field Organizer		Туре	_	Senate President	District: 18
Name of Federal Candidate Supported ALLEN B MR. WEST	d or Opposed by Expendi	iture:	Check One:	Support	X Oppose
Calendar Year-To-Date Per Elec	tion	20774 20	Disbursement F	For: Primary	General
for Office Sou	ught	39771.38	2012 Other	r (specify)	
(a) SUBTOTAL of Itemized Independen	nt Expenditures				3353.36
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Becky Bond	[Elec	tronically Filed] Date		25 / Y Y Y	2 Y Y
Signature	• ***	, , Date	ا لتنا ا		

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 3 OF 3 FOR SE OF FORM 24/48			
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼			
CREDO SUPERPAC	C C00507517			
Check If 24-hour report 48-hour report New report Amends report fil	ed on M M / D D / Y Y Y Y Y			
Full Name (Last, First, Middle Initial) of Payee	P. I.			
Mike Patrick	Date			
Mailing Address 9620 191 St N				
5 3020 131 GUV	Amount			
City State Zip Code	213.34			
Jupiter FL 33478	Transaction ID : SE.11824			
Field Organizer	ffice Sought: House State: FL			
Туре	Senate District: 18 President			
Name of Federal Candidate Supported or Opposed by Expenditure:	heck One: Support X Oppose			
ALLEN B WILL WEST				
39984 72 201	isbursement For: Primary General			
for Office Sought	Other (specify)			
Full Name (Last, First, Middle Initial) of Payee	Date			
	M = M / D = D / Y = Y = Y			
Mailing Address				
	Amount			
City State Zip Code				
Purpose of Expenditure Category/	ffice Sought: House State:			
Type	Senate District:			
Name of Federal Candidate Supported or Opposed by Expenditure:	President			
CI	heck One: Support Oppose			
Calendar Year-To-Date Per Election	isbursement For: Primary General			
for Office Sought	Other (specify)			
•				
(a) SUBTOTAL of Itemized Independent Expenditures	213.34			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
(b) 101AL independent Experience	5420.69			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political				
party committee) any political party committee or its agent.				
Becky Bond	M M / D D / Y Y Y Y Y			
Signature [Electronically Filed] Date	10 25 2012			